

# FDIC Deposit Brokers Processing Guide

## DISCLAIMER

The sole purpose of this Processing Guide is to facilitate the transmission of information from deposit brokers to the Federal Deposit Insurance Corporation ("FDIC"). Nothing in this Processing Guide should be construed as an endorsement by the FDIC of the practices of a particular deposit broker. Similarly, the Processing Guide should not be construed as a statement of how the FDIC will calculate the insurance coverage of a particular deposit. The rules for determining the deposit insurance coverage are provided in the FDIC's regulations at [12 C.F.R. Part 330](#).

Also, note:

- The FDIC's insurance regulations and the contents of this Processing Guide are subject to change.
- The submission of false information to the FDIC could result in the imposition of serious criminal penalties under 18 U.S.C. §1007.
- "Pass through" deposit insurance coverage is not available for deposits held by any trust or other business arrangement that has filed or is required to file a registration statement with the Securities and Exchange Commission pursuant to Section 8 of the investment act of 1940, subject to the provisions in the FDIC's insurance regulations at [12 C.F.R. §330.11\(a\)\(2\)](#).

## This site is intended to:

1. Provide a reference guide to deposit brokers acting as agents for their investor clientele. This site outlines the FDIC's policies and procedures that must be followed by deposit brokers when filing for pass-through insurance coverage on custodial accounts deposited in a failed FDIC Insured Institution.
2. Provide copies of forms and a database-format that Deposit Brokers must use to provide information for the FDIC to determine pass-through deposit insurance coverage on each custodial account. This information may be downloaded for your convenience.

[Deposit Brokers' Insurance Guide - Overview](#). (15Kb PDF file - [PDF help](#) or [hard copy](#))

[Deposit Broker Processing Guide - Table of Contents](#).

To Deposit Brokers' Investors:

**The FDIC must receive the custodial fund information directly from the Deposit Broker who opened the deposit account at the failed FDIC insured institution.**

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[Download and print the complete guide](#). (184Kb PDF file - [PDF help](#) or [hard copy](#))

**If you have any inquiries, please click on the contact's name to e-mail your questions.**

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## INTRODUCTION

The FDIC is charged with the responsibility of paying federal deposit insurance (up to the \$100,000 limit) to the depositors of a failed insured depository institution. In many cases, the failed institution's account records may not reveal the actual owner(s) of a particular deposit account. Rather, the records simply indicate that the deposit was placed at the institution by a depositor broker on behalf of one or more third parties. The FDIC is required to identify the actual deposit owner(s) and to pay insurance in an accurate and timely manner.

Immediately after the failure of an insured depository institution, the FDIC Claims Agent(s) will send information packages to deposit brokers. These packages will explain the procedures whereby the broker may claim insurance on behalf of the broker's customers. In some cases, the broker's customer may not be an actual owner of the deposit but merely a "second-tier" deposit broker with his/her own customers. In turn, these customers could be "third-tier" deposit brokers with their own customers. Assuming the satisfaction of the FDIC's disclosure requirements (explained below), the FDIC will seek documentation from each deposit broker in the chain in order to ascertain the actual owner(s) of the deposit. All such documentation must be submitted to the FDIC through the "first-tier" broker. **You will be responsible for collecting documentation from any "sub-tier" brokers. You should initiate this process immediately.** The documentation requirements are set forth in Section IV.

The [Submission Checklist](#) must accompany your information package. **Please remember to note your firm's name and broker number, if applicable, on the diskette that is included with the information package.** Information about the input file for the diskette is in Section VI, Broker Input File Requirements.

Also, you should notify any "sub-tier" brokers that any "trading" on a particular deposit (i.e., transfer of ownership interests) must cease. **Deposit insurance is paid on the basis of the ownership of a deposit as of the date of the insured depository institution's failure.**

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Financial Institution: \_\_\_\_\_

Deposit Account Number: \_\_\_\_\_

**DEPOSIT BROKER SUBMISSION CHECKLIST**

BROKER NAME: \_\_\_\_\_ DTC BROKER NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

DATA PROCESSING CONTACT: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**DATA SUBMISSION:**

We used the diskette provided by FDIC or downloaded the file format from the FDIC's broker web site:  Yes  No

If no, we are submitting a file in the required ASCII format:  Yes  No

Please note that only data submitted in the prescribed format will be processed. Manual listings will **not** be accepted. Please label your diskette(s) with your firm's name and DTC broker number, if applicable.

Number of Records on the file: \_\_\_\_\_

Principal Value: \_\_\_\_\_

NOTE: The principal value listed above should be the same as the data on the file. If the above stated data does not balance, the file will **not** be processed and your firm will lose its position in the processing sequence.

The undersigned affirms that all of the information submitted is correct and contains no material omissions and that to the best of his/her knowledge, the data submitted is a final, complete and accurate submission **including information from ALL sub-brokers/agents, if any**, with the exception of \_\_\_\_\_ brokers (indicate number) in the amount of \$ \_\_\_\_\_ (total) which are included in the aggregate on the file. I understand that my firm will not be paid these sums until the sub-tier broker submits complete investor information and required documentation to the FDIC.

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

FOR FDIC USE ONLY

BALANCE VERIFIED (DVA) \_\_\_\_\_ DATA LOADED (DIRM) \_\_\_\_\_ CERTIFY LOAD (DVA) \_\_\_\_\_ LOAD CERTIFIED (DIRM) \_\_\_\_\_  
UNLOAD DATA (DVA) \_\_\_\_\_ DATA UNLOADED (DIRM) \_\_\_\_\_ DATA GROUPED ON \_\_\_\_\_

## DISCLOSURE REQUIREMENTS

In applying the \$100,000 insurance limit, the FDIC must add together all deposits owned by the same depositor in the same ownership capacity. [See 12 C.F.R. § 330.3\(a\)](#). In the case of deposits owned by a principal but held by an agent, custodian or nominee, the deposits are insured to the same extent as if deposited in the name of the principal. [See 12 C.F.R. § 330.7\(a\)](#). In other words, the insurance coverage “passes through” the agent or custodian to the principal. Such “pass-through” coverage is not available, however, unless the deposit account records of the failed insured depository institution disclose the fiduciary relationship between the agent and the principal. [See 12 C.F.R. § 330.5\(b\)](#). If there are multiple levels of fiduciary relationships, those relationships must be disclosed through either of two methods:

### First Method

- (A) Expressly indicate, on the deposit account records of the insured depository institution, the existence of each and every level of fiduciary relationships; and
- (B) Disclose, at each level, the name(s) and interest(s) of the person(s) on whose behalf the party at that level is acting.

### Second Method

- (A) Expressly indicate, on the deposit account records of the insured depository institution, that there are multiple levels of fiduciary relationships; (B) Disclose the existence of additional levels of fiduciary relationships in records, maintained in good faith and in the regular course of business, by parties at subsequent levels; and (C) Disclose, at each of the levels, the name(s) and interest(s) of the person(s) on whose behalf the party at that level is acting.

If these disclosure requirements are not satisfied, the deposit will be insured to the deposit broker and not to the broker’s customers. Thus, in aggregation with other deposits owned by the broker at the same insured depository institution, the deposit will be insured only up to \$100,000.

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## DOCUMENTATION REQUIREMENTS

An insured depository institution has failed. The institution's deposit account records have disclosed that your firm may be acting as an agent or custodian for other parties. In order to provide "pass-through" coverage to these parties, the FDIC must obtain certain information and documentation from your firm. Specifically, the FDIC must obtain the following: (1) evidence that your firm is not an owner but an agent or custodian with respect to some or all of the funds at issue; (2) a list of all parties for whom your firm acted as agent or custodian; and (3) the dollar amount of funds held by your firm for each such party as of the date of the depository institution's failure. Your firm should submit this information by completing the [Affidavit of Agency Account](#) form.

To the extent that any of your customers held funds in a special ownership capacity, you also must submit evidence of this capacity. Please refer to the [Table of Contents, Section V, Affidavits and Declarations](#) for the required forms.

Finally, to the extent that any of your customers were not the actual owners of funds but merely agents or custodians for other parties, you must obtain information from your customers about *their* customers (*i.e.*, the actual owners). This request for information from you and your customers should not be construed as a finding by the FDIC that you and/or your customers have satisfied the FDIC's disclosure requirements.

We recognize that the insurance of a brokered deposit can be somewhat complicated. For this reason, as an example, we have prepared the following case involving "Apple Brokerage." Please refer to [Exhibit 1](#) located at the end of this section, which represents a brokered deposit account ownership "tree." The tree reflects that Apple Brokerage deposited \$5,000,000 with a failed insured depository institution. The FDIC notifies Apple Brokerage that the institution has failed and they have funds on deposit for which they are acting in an agency capacity. The failed institution's records do not reflect the level of ownership represented in the tree. Thus, sub-tier notification must originate with the first-tier broker. The first order of business for Apple Brokerage is to notify the sub-tier brokers of the closing, to cease all trading activity on the account and restore the account relationships to those in effect on the closing date. In our example, Apple Brokerage would notify Banana Brokerage and the four investors of the closing and request specific documentation from them to prove ownership of their funds. Banana Brokerage would in turn notify Coconut Brokers, Inc., Kiwi Brokers and the investor. Coconut Brokers would have to notify the Newport Family Trust and Mango Financial who in turn would notify its customers – the nine investors. Kiwi Brokers would notify its investor and Fourth National Bank who would notify its customers – the four investors.

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## DOCUMENTATION REQUIREMENTS (Continued)

During the notification process, all parties with an ownership interest in a deposit should be informed of the documentation required by the FDIC to prove ownership of the deposit. All ownership information must be forwarded up through the tree and eventually provided to Apple Brokerage for submission to the FDIC. The FDIC will not accept documentation directly from a sub-tier broker because our records do not show them as owners of the funds. All information in this ownership tree must flow through Apple Brokerage to the FDIC.

Since the documentation must flow from the last tier up to the first tier, this discussion of the required documentation will begin with the fourth tier brokers. Please refer again to the ownership tree. Italics identify references made to specific forms that can be found in [\*Section V of this Processing Guide\*](#).

MANGO FINANCIAL is required to submit an [Affidavit of Agency Account](#) along with its Attachment A. The Attachment A would reflect: the owners' names of the single ownership accounts; the owners of the joint ownership accounts; the owners of the IRAs; Rhino Delivery, Inc.; and the grantor/trustee and the named beneficiaries of the testamentary account. No forms are required for the single ownership accounts or the corporation account. A [Declaration for IRA/Keogh Deposit](#) form is required for the IRA accounts. A [Declaration for Joint Ownership Deposit](#) form is required for the joint deposit accounts. The owner of the testamentary account must complete the [Declaration for Testamentary Deposit \(Multiple Trustees\)](#). Mango should then forward this documentation to Coconut Brokers.

FOURTH NATIONAL BANK is required to submit an [Affidavit of Agency Account](#) along with its Attachment A. No forms are required for the single ownership account or the business account. A [Declaration for Joint Ownership Deposit](#) form must be completed on the joint deposit account. The owner of the testamentary account must complete the [Declaration for Testamentary Deposit \(Single Trustee\)](#). Fourth National would then forward their documentation to Kiwi Brokers.

COCONUT BROKERS is required to submit an [Affidavit of Agency Account](#) along with its Attachment A. The Attachment A would reflect: Mango Financial as Agent and the Newport Family Trust. The trustee for the Newport Family Trust must execute the [Declaration for Trust](#) and provide a complete copy of the trust document. Coconut Brokers would forward its [Affidavit of Agency Account](#), the Newport Family Trust documentation and the information submitted by Mango Financial to Banana Brokerage.

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## DOCUMENTATION REQUIREMENTS (Continued)

KIWI BROKERS is required to submit an [Affidavit of Agency Account](#) along with its Attachment A. The Attachment A would reflect: Fourth National Bank as Agent and the name of the owner of the single ownership account. No form is required for the single ownership account. Kiwi Brokers would forward its [Affidavit of Agency Account](#) and the documentation submitted by Fourth National Bank to Banana Brokerage.

BANANA BROKERAGE is required to submit an [Affidavit of Agency Account](#) along with its Attachment A. The Attachment A would reflect: Coconut Brokers As Agent; Kiwi Brokers as Agent and the owners of the joint account. A [Declaration for Joint Ownership Deposit](#) form must be completed for the joint deposit account. Banana Brokerage would forward its [Affidavit of Agency Account](#), joint account documentation and the documentation submitted by both Coconut Brokers and Kiwi Brokers to Apple Brokerage.

APPLE BROKERAGE is required to submit an [Affidavit of Agency Account](#) along with its Attachment A. The Attachment A would reflect: Banana Brokerage as Agent; Tiger Corporation, Inc. Defined Benefit Plan; City of Duvet; the grantor/trustee and the named beneficiaries of the testamentary account; and the single ownership account. The trustee for Tiger Corporation's defined benefit plan must complete the [Declaration for Plan and Trust](#) and have an actuary complete the [Declaration for Defined Benefit Plan](#). These declarations also require certain documentation to be submitted. Please refer to the specific declaration. The official custodian for the City of Duvet must complete the [Declaration for Public Unit Deposit](#) and attach the supporting documentation. The owner of the testamentary account must complete the [Declaration for Testamentary Deposit \(Single Trustee\)](#). Apple Broker would then forward its [Affidavit of Agency Account](#) along with the documentation submitted by Banana Brokerage; Tiger Corporation; City of Duvet and the grantor/trustee of the testamentary account to the FDIC.

In addition to the requirements outlined above, **each** broker must attach a copy of its standard form of agency agreement. Also needed is the account setup sheet for any investor whose deposits total \$100,000 or greater, in the aggregate, based on the same ownership capacity. If the broker does not use a standard form of agency agreement, then a copy of each customer agreement or other written documentation of the agency relationship must be submitted. This requirement is referenced in the [Affidavit of Agency Account](#) form. Additional documentation may be required after we process your data.

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**DOCUMENTATION REQUIREMENTS  
(Continued)**

The last item the FDIC requires to be submitted is a diskette loaded with the individual investor/owner information. A formatted diskette will be distributed to all first-tier brokers along with the Deposit Broker Processing Guide which will include an explanation of the data layout, file format and required field indicators. This information is also available through [Section VI of the Table of Contents](#). The first-tier broker is responsible for submitting a diskette(s) and ensuring that the balances of the deposits in its ownership tree and the balances reflected on the diskette are equal. If the balances are not equal, the diskette will be rejected. Also, the principal amount/book value of the data submitted must balance to the closed institution's records. Otherwise, the data will be deemed invalid and will require correction before it can be processed. Each broker may load owner/investor information on a diskette and forward it along to where it eventually reaches the first-tier broker. Then, it will be the first-tier broker's responsibility to either consolidate the data onto one diskette (or more if necessary for large files) or submit the individually loaded diskettes. The FDIC prefers that the information be consolidated and only one diskette be submitted. Please remember to note your firm's name and broker number, if applicable, on the diskette.

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Exhibit 1

Deposit Broker Ownership Tree

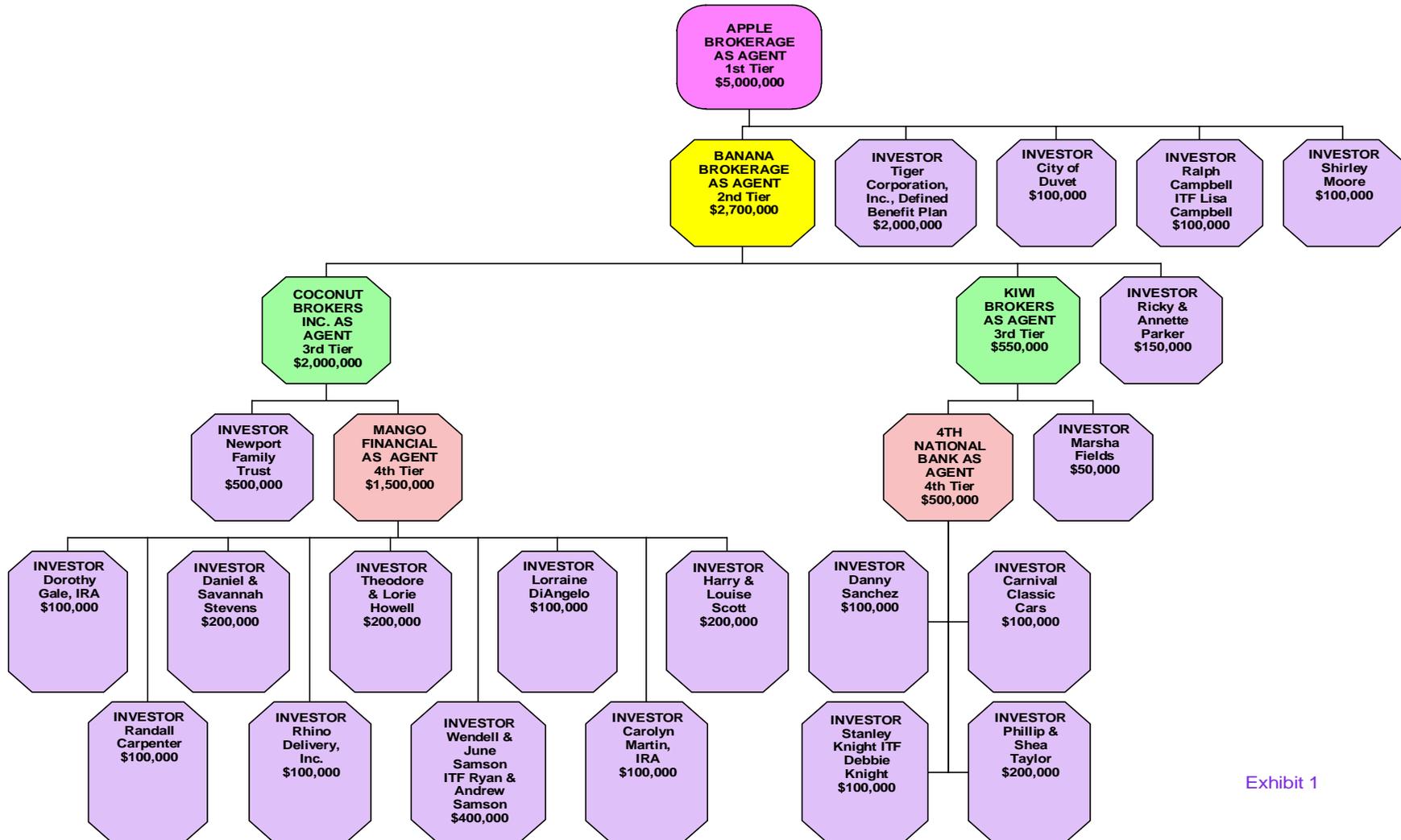


Exhibit 1

## AFFIDAVITS & DECLARATIONS

In order for the Federal Deposit Insurance Corporation to pay insurance on your accounts at the failed institution, the following Affidavits and Declarations must be completed, as applicable. Descriptions of the Affidavits and Declarations are provided under the Affidavits & Declarations Checklist to enable you to determine whether a particular form is required in your situation. Generally, an affidavit and/or declaration is required when an investor's deposits total or exceed \$100,000 in the aggregate.

[Affidavit of Agency Account](#)

[Power of Attorney](#)

[Declaration for Power of Attorney](#)

[Declaration for Custodian Deposit](#)

[Declaration for Joint Ownership Deposit](#)

[Declaration for Testamentary Deposit \(Single Trustee\)](#)

[Declaration for Testamentary Deposit \(Multiple Trustees\)](#)

[Declaration for Trust](#)

[Declaration of Independent Activity](#)

[Declaration of Independent Activity for Unincorporated Association](#)

[Declaration for Public Unit Deposit](#)

[Declaration for IRA/KEOGH Deposit](#)

[Instructions for Employee Benefit Plan Deposits](#)

[Declaration for Plan and Trust](#)

[Declaration for Defined Benefit Plan](#)

[Declaration for Defined Contribution Plan](#)

[Declaration for Health and Welfare Plan](#)

[Affidavits & Declarations Checklist](#)

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AFFIDAVIT OF AGENCY ACCOUNT (Continued)

7. This declaration under penalty of perjury is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Secretary or Assistant Secretary\*

Signature of Officer

Printed Name

Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

Notary Public in and for the above County and State

Notary Public in and for the above County and State

Printed Name of Notary

Printed Name of Notary

My Commission Expires:

My Commission Expires:

For processing purposes, please provide your firm's tax identification number: \_\_\_\_\_

NOTICE: Nothing in the payment of insurance by the FDIC in reliance on this Affidavit shall be construed in any way to limit or waive the ability of the FDIC to recover any payment of insurance made in error or in excess of the statutory limit.

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).

\*This applies only to an Agent who is a corporation or other entity.





Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

STATE OF: \_\_\_\_\_

### POWER OF ATTORNEY

The undersigned hereby makes, constitutes and appoints \_\_\_\_\_  
(Name)

of \_\_\_\_\_ my agent and attorney, for me and in my place and  
stead, to make proof of claim for all insured deposits owned by me in the closed financial institution  
\_\_\_\_\_, and to transfer and assign the claim for such insured  
deposits to the Federal Deposit Insurance Corporation and to receive from the Federal Deposit Insurance  
Corporation any money made available by the Federal Deposit Insurance Corporation to pay the insured  
deposit liability of such closed financial institution to me, hereby ratifying everything that my said agent  
and attorney shall do in the premises with like effect as if done by me in person.

\_\_\_\_\_  
Signature of Accountholder

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

SUBSCRIBED AND SWORN TO BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public in and for the above County & State

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Notary Public

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR  
COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN  
ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF  
NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR  
BOTH (18 U.S.C. § 1007).



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION FOR POWER OF ATTORNEY

1. I, \_\_\_\_\_, being of lawful age, declare that attached hereto is a true and correct copy of the Power of Attorney appointing me as attorney-in-fact for \_\_\_\_\_ (the "Principal").
2. I further declare that I have no knowledge of the revocation or termination of the Power of Attorney, nor has it been terminated by the death, disability or incompetence of the Principal.
3. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the above-referenced Account to the extent that the Account is covered by insurance.
4. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Trustee

NOTE: Be sure to attach this Declaration to the copy of the Power of Attorney.

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION FOR CUSTODIAN DEPOSIT

The undersigned, being of lawful age, declares as follows:

1. The undersigned is acting as custodian (the "Custodian") for \_\_\_\_\_ (the "Principal") who is my \_\_\_\_\_ (describe relationship). The Principal is the owner of all the funds in the above-referenced account (the "Account").
2. There is no written agreement which sets forth the terms and conditions of the custodial relationship between the Custodian and the Principal, except as may be attached hereto.
3. To the best knowledge of the undersigned, the Principal does not have an ownership interest in any other accounts at the above institution, whether established by the Principal or by any other agent or custodian acting for the Principal, except as noted here: \_\_\_\_\_  
\_\_\_\_\_.
4. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account to the extent that the Account is covered by insurance.
5. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Custodian

\_\_\_\_\_  
Printed Name of Custodian

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION FOR JOINT OWNERSHIP DEPOSIT

1. We \_\_\_\_\_ declare that we are the owners of all of  
(Print or type names)  
the funds in the above account (the "Account").
2. We further declare that we own these funds jointly (as joint tenants with right of survivorship, as tenants in common, or as tenants by the entirety).
3. We further declare we own the funds according to the following percentages:

NAME	PERCENTAGE OF FUNDS CONTRIBUTED
_____	_____
_____	_____
_____	_____

[NOTE: The information above (percentage of funds contributed by each co-owner) may or may not be used by the FDIC in calculating the insurance coverage of the Account. In the case of qualifying joint accounts held as tenants in common, the interests of the co-owners are deemed equal unless otherwise stated in the depository institution's deposit account records. 12 C.F.R. § 330.9(e).]

4. Each of the above-named owners is presently living. If any owner is deceased, please indicate name and date of death: \_\_\_\_\_.
5. Were the funds in this Account placed by (i) a trustee under a written trust agreement other than the account signature card, (ii) an agent, or (iii) attorney-in-fact? Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If yes, identify the trustee or agent: \_\_\_\_\_. Also, attach a true, exact and complete copy of the trust agreement, agency agreement or power of attorney as in effect on the closing date.
6. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account to the extent that the Account is covered by insurance.
7. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Co-Owner

\_\_\_\_\_  
Signature of Co-Owner

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

DECLARATION FOR TESTAMENTARY DEPOSIT  
(SINGLE TRUSTEE)

1. I, \_\_\_\_\_, declare that I am the Trustee of the above  
(Print or type name)  
account (the "Account") and own all of the funds in the Account.
2. I further declare that my intent in establishing the Account was to provide that the funds in the Account, upon my death, would be owned by the beneficiaries identified below.
3. The beneficiaries of the Account and the relationship of each of them to me are as follows:

NAME OF BENEFICIARY	RELATIONSHIP TO ME
_____	_____
_____	_____
_____	_____
_____	_____

4. Each of the above-named beneficiaries is presently living. If any beneficiary is deceased, please indicate name and date of death:  
\_\_\_\_\_

5. Were the funds in this Account placed by you as (i) a trustee under a written trust agreement other than the account signature card, (ii) an agent, or (iii) attorney-in-fact? Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If yes, attach a true, exact and complete copy of the trust agreement, agency agreement or power of attorney as in effect on the closing date.

6. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account to the extent that the Account is covered by insurance.

7. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Trustee

The penalty for knowingly making or inviting reliance on any false, forged or counterfeit statement, document or thing for the purpose of influencing in any way the action of the Federal Deposit Insurance Corporation is a fine of not more than \$1,000,000 or imprisonment for not more than THIRTY years, or both (18 U.S.C. § 1007).



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

**DECLARATION FOR TESTAMENTARY DEPOSIT**  
(MULTIPLE TRUSTEES)

1. We, the undersigned, declare that we are the Trustees of the above account (the "Account") and constitute all of the persons who own all of the funds in the Account according to the following percentages:

NAME	PERCENTAGE OF FUNDS CONTRIBUTED	
(A) _____	_____	(NOTE: PERCENTAGES MUST EQUAL 100%)
(B) _____	_____	

2. We further declare that our intent in establishing the Account was to provide that the funds in the Account, upon our deaths, would be owned by the beneficiaries identified below.

3. The beneficiaries of the account and the relationship of each of them to each of the undersigned are as follows:

NAME OF BENEFICIARY	RELATIONSHIP TO (A)	RELATIONSHIP TO (B)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Each of the above-named beneficiaries is presently living. If any beneficiary is deceased, please indicate name and date of death:

\_\_\_\_\_

5. Were the funds in this Account placed by you as (i) a trustee under a written trust agreement other than the account signature card, (ii) an agent, or (iii) attorney-in-fact? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a true, exact and complete copy of the trust agreement, agency agreement or power of attorney as in effect on the closing date.

6. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account to the extent that the Account is covered by insurance.

7. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Signature of Trustee

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).



\_\_\_ Revocable Trust

Financial Institution: \_\_\_\_\_

\_\_\_ Irrevocable Trust

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION FOR TRUST

- The undersigned is (are) trustee(s) of the attached Trust (the "Trust") for which the above-referenced account(s) (the "Account(s)") was/were established.
- The names of all of the trustee(s) of said Trust on the closing date were:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- The attached is a true, exact and complete copy of the Trust, as in effect on the closing date.
- The settlor(s) of said Trust and their respective contributions are:

NAME	FUNDS CONTRIBUTED
(A) _____	_____ %
(B) _____	_____ %
(C) _____	_____ %
	100%

If a settlor is deceased, please give the name and date of the death of the settlor.

_____	_____
Name	Date of Death

- The beneficiaries of the Trust and the relationship of each of them to each of the above-named settlors as follows:

NAME OF BENEFICIARY	RELATIONSHIP TO (A)	RELATIONSHIP TO (B)	RELATIONSHIP TO (C)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Each of the above-named beneficiaries is living. If any beneficiary is deceased, please indicate name and date of death:

\_\_\_\_\_



DECLARATION FOR TRUST (Continued)

6. The undersigned, or any one of them [STRIKE IF NOT APPLICABLE], has (have) the authority under the Trust to execute, on behalf of the Trust, this Declaration, the claim form and all other documents which the Federal Deposit Insurance Corporation ("FDIC") may require to be executed in connection with the payment of insurance on the Account(s) and to bind the Trust by his or her action.
7. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account(s), to the extent the Account(s) is (are) covered by insurance.
8. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee

NOTE: Please be sure to attach this Declaration to the copy of the Trust.

The penalty for knowingly making or inviting reliance on any false, forged or counterfeit statement, document or thing for the purpose of influencing in any way the action of the Federal Deposit Insurance Corporation is a fine of not more than \$1,000,000 or imprisonment for not more than THIRTY years, or both (18 U.S.C. § 1007).



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION OF INDEPENDENT ACTIVITY

1. The undersigned is \_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of Organization)  
\_\_\_\_\_ (the "Accountholder") and is responsible for: (describe duties)

\_\_\_\_\_  
\_\_\_\_\_

2. The Accountholder is engaged in the business of:

\_\_\_\_\_  
\_\_\_\_\_

3. The source of funds for the above-listed Account was:

\_\_\_\_\_  
\_\_\_\_\_

4. The major stockholders (if the Accountholder is a corporation) or partners (if the Accountholder is a partnership) of the Accountholder and their percentage ownership interest were the following on the closing date:

\_\_\_\_\_  
\_\_\_\_\_

5. The officers and directors of the Accountholder on the closing date were the following:

\_\_\_\_\_  
\_\_\_\_\_

6. Attached are (1) a copy of the certificate of good standing from the Secretary of State of incorporation dated no earlier than one year prior to the closing date or the certificate of partnership filed with the proper governmental authority; (2) a copy of the Articles of Incorporation or Partnership Agreement (whichever is applicable) for the Accountholder; (3a) the most recent separate income tax return filed with the Internal Revenue Service or (b) the most recent financial statements.

7. To the best knowledge of the undersigned, the Accountholder does not have an ownership interest, directly or indirectly, in any other accounts at the closed institution.



DECLARATION OF INDEPENDENT ACTIVITY (Continued)

8. The undersigned, or any one of them (STRIKE IF NOT APPLICABLE), has (have) been authorized to execute and deliver to the Federal Deposit Insurance Corporation ("FDIC") information for the above-referenced Account at the named institution and to take any and all other actions and to execute any and all other documents in connection with the payment of insurance on said Account and to subrogate to the FDIC the Accountholder's rights in said Account to the extent said Account is insured.

9. The declaration is made to induce the FDIC to pay insurance covering the Account to the extent that the Account is covered by insurance.

10. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).

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INSTRUCTIONS FOR DECLARATION OF INDEPENDENT ACTIVITY

An executed copy of this *Declaration of Independent Activity* must be submitted before an insurance determination can be made on your Account. Please be sure to attach to this *Declaration of Independent Activity* all of the documentation requested in Item 6.

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Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

DECLARATION OF INDEPENDENT ACTIVITY FOR UNINCORPORATED ASSOCIATION

1. The undersigned is \_\_\_\_\_ of \_\_\_\_\_ (Title) (Name of Unincorporated Association) \_\_\_\_\_ (the "Accountholder") and is responsible for: (describe duties)

\_\_\_\_\_  
\_\_\_\_\_

2. Under the FDIC's regulations, an unincorporated association is deemed to exist for insurance purposes whenever there is an association of two or more persons formed for some religious, educational, charitable, social or other noncommercial purpose. 12 C.F.R. § 330.12(c). The purpose of the Accountholder may be described as follows:

\_\_\_\_\_  
\_\_\_\_\_

3. The source of funds for the above-listed Account was:

\_\_\_\_\_  
\_\_\_\_\_

4. The members of the Accountholder are the following (do not complete if the number of members exceeds ten):

\_\_\_\_\_  
\_\_\_\_\_

5. The officers of the Accountholder on the closing date were the following:

\_\_\_\_\_  
\_\_\_\_\_

6. Attached are copies of the following: (1) the charter or bylaws of the Accountholder; and (2) evidence reflecting the tax-exempt status of the Accountholder.

7. To the best knowledge of the undersigned, the Accountholder does not have an ownership interest, directly or indirectly, in any other accounts at the closed institution.



DECLARATION OF INDEPENDENT ACTIVITY  
FOR UNINCORPORATED ASSOCIATION

(Continued)

- 8. The undersigned, or any one of them (STRIKE IF NOT APPLICABLE), has (have) been authorized to execute and deliver to the Federal Deposit Insurance Corporation ("FDIC") information for the above-referenced Account at the named institution and to take any and all other actions and to execute any and all other documents in connection with the payment of insurance on said Account and to subrogate to the FDIC the Accountholder's rights in said Account to the extent said Account is insured.
- 9. The declaration is made to induce the FDIC to pay insurance covering the Account to the extent that the Account is covered by insurance.
- 10. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).

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INSTRUCTIONS FOR DECLARATION OF INDEPENDENT ACTIVITY  
FOR UNINCORPORATED ASSOCIATION

An executed copy of this *Declaration of Independent Activity for Unincorporated Association* must be submitted before an insurance determination can be made on your Account. Please be sure to attach to this *Declaration of Independent Activity for Unincorporated Association* all of the documentation requested in Item 6.

---



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION FOR PUBLIC UNIT DEPOSIT

1. I am (We are) the official custodian(s) of \_\_\_\_\_ (the "Public Unit"), which is the owner of the referenced deposit at the closed institution. Under the FDIC's regulation at 12 C.F.R. § 330.15, an "official custodian" is defined as a custodian with "plenary authority, including control, over funds owned by the public unit which the custodian is appointed or elected to serve. Control of public funds includes possession, as well as the authority to establish accounts for such funds in insured depository institutions and to make deposits, withdrawals, and disbursements of such funds." 12 C.F.R. § 330.15(b)(1). I (We) have been appointed official custodian by statute, ordinance or \_\_\_\_\_.

A copy of the relevant statute, ordinance or other authority is attached. The funds in the account have been lawfully invested at the closed institution pursuant to statute, ordinance or \_\_\_\_\_.

A copy of the relevant statute, ordinance or other authority is attached.

2. The deposit was owned by (check one of the following):

\_\_\_\_\_ A. The United States of America.

\_\_\_\_\_ B. A state of the United States.

\_\_\_\_\_ C. A county.

\_\_\_\_\_ D. A municipality.

\_\_\_\_\_ E. The District of Columbia.

\_\_\_\_\_ F. The Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, the Trust Territory of the Pacific Islands, Guam, or The Commonwealth of the Northern Mariana Islands, or any county or municipality thereof.

\_\_\_\_\_ G. A "political subdivision" of a public unit mentioned in (B), (C), (D), (E) or (F) above. Under the FDIC's regulation at 12 C.F.R. § 330.15, a "political subdivision" is defined to include "drainage, irrigation, navigation, improvement, levee, sanitary, school or power districts, and bridge or port authorities and other special districts created by state statute or compacts between the states." 12 C.F.R. § 330.15(d). The term also includes any subdivision of a public unit mentioned in (B), (C), (D), (E) or (F) or any principal department of such public unit that satisfies the following criteria: "(1) The creation of which subdivision or department has been expressly authorized by the law of such public unit; (2) To which some functions of government have been delegated by such law; and (3) Which is empowered to exercise exclusive control over funds for its exclusive use." *Id.*

\_\_\_\_\_ H. An Indian tribe (as defined in 25 U.S.C. § 1452(c)).



DECLARATION FOR PUBLIC UNIT DEPOSIT (Continued)

3. To the best knowledge of the undersigned, the Public Unit does not have an ownership interest in any other accounts at the Closed Institution whether established by the Custodian or any other person, except for the accounts listed here:

\_\_\_\_\_  
\_\_\_\_\_

4. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the deposit to the extent that the deposit is covered by insurance.

5. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I (We) declare, under penalty of perjury, that the foregoing is true and correct. Executed on: \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Official Custodian

\_\_\_\_\_  
Signature of Official Custodian

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION FOR IRA/KEOGH DEPOSIT

1. The deposit referenced above (the "Account") was made in connection with the following type of retirement plan (check one):

\_\_\_\_\_ An individual retirement account (IRA) described in section 408(a) of the Internal Revenue Code of 1986 (26 U.S.C. 408(a)).

\_\_\_\_\_ An eligible deferred compensation plan described in section 457 of the Internal Revenue Code of 1986 (26 U.S.C. 457).

\_\_\_\_\_ An individual account plan defined in section 3(34) of the Employee Retirement Income Security Act (ERISA) (29 U.S.C. 1002) or a plan described in section 401(d) of the Internal Revenue Code of 1986 (26 U.S.C. 401(d)) for which participants or beneficiaries have the right to direct the investment of assets held in individual accounts maintained on their behalf by the plan.

2. The trustee or administrator of the IRA or retirement plan is \_\_\_\_\_ (name of bank or other qualified person). Documentary evidence reflecting the authority of the trustee or administrator to serve in this capacity is attached hereto. (Attach IRS determination letter or other appropriate evidence.)

3. The undersigned is employed by the trustee or administrator in the following capacity:

\_\_\_\_\_  
\_\_\_\_\_

4. The owner of the Account is \_\_\_\_\_ (name of owner).

5. The relationship between the trustee or administrator and the deposit owner is governed by the agreement(s) or document(s) attached hereto. (Attach the IRA or Keogh or other agreement(s) in effect on the closing date. If the agreement is very lengthy, attach a sufficient number of pages to establish that the trustee or administrator entered into an agreement with the deposit owner.)

6 This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account to the extent that the Account is covered by insurance.

7. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Trustee/Administrator

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).



## INSTRUCTIONS FOR EMPLOYEE BENEFIT PLAN DEPOSITS

If an employee benefit plan deposit exceeds \$100,000 in the aggregate, before an insurance determination can be made on the benefit plan deposit, an executed copy of the enclosed *Declaration for Plan and Trust* must be submitted along with a copy of:

1. The letter from the depository financial institution to the broker when the account was opened stating its ability to accept deposits eligible for “pass-thru” deposit insurance coverage. [See 12 C.F.R. § 330.14\(h\)\(2\)](#).
2. The pages of the Trust appointing the trustees and showing the trustees’ signatures, and
3. Any *one* of:
  - A. The Plan,
  - B. The adoption agreement, or
  - C. The IRS determination letter for the Plan.

If the Plan and Trust are part of the same document, one copy of the complete document may be provided.

If the trustees named in the Trust are not the current trustees, please also attach to the *Declaration for Plan and Trust* the resolution appointing the current trustees.

If there is only one participant in the Plan, please indicate this on the *Declaration for Plan and Trust*. If there is more than one participant in the Plan, the following information must also be submitted:

1. If the Plan is a Defined Contribution Plan, please complete the enclosed *Declaration for Defined Contribution Plan*.
2. If the Plan is a Defined Benefit Plan, please have the enclosed *Declaration for Defined Benefit Plan* completed. **A certified actuary must complete the *Declaration for Defined Benefit Plan*.**

Questions 5 and 6 of the *Declaration for Defined Benefit Plan* **must** be answered if any of the following are applicable:

- A. The account had more than \$100,000 in it on the closing date;
- B. There are other accounts for an employee benefit plan with the same sponsor at the defaulted institution; or

[Return to the Affidavits and Declaration Listing](#) ----->



INSTRUCTIONS FOR EMPLOYEE BENEFIT PLAN DEPOSITS  
(Continued)

- C. The present value of any one participant's accrued benefit (including rollover, other voluntary participant contributions, and any other amounts held for the benefit of the participant) exceeds 95% of the total Plan assets on the closing date.
- 3. If the Plan is a Health or Welfare Plan (medical, dental, life insurance, etc., benefits), please complete the enclosed *Declaration for Health and Welfare Plan*.

**FAILURE TO PROVIDE ALL OF THE INFORMATION REQUESTED WILL DELAY  
THE PAYMENT OF INSURANCE ON YOUR ACCOUNT.**

[Return to the Affidavits and Declaration Listing](#) ----->



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION FOR PLAN AND TRUST

1. The undersigned is (are) trustee(s) of the plan and trust ("Plan and Trust") for which account number \_\_\_\_\_ (the "Account") was established at \_\_\_\_\_.
2. The names of all of the trustee(s) of the Plan and Trust on the closing date were:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. The attached is a true, exact and complete copy of:
  - A. The pages of the Plan appointing the trustees and showing the trustees' signatures, and
  - B. Any *one* of:
    1. The Plan or Trust,
    2. The most recent determination letter issued by the Internal Revenue Service with respect to the Plan, or
    3. The adoption agreement if the plan was adopted from a master or prototype plan and in effect on the closing date.
4. Please check the applicable choice. There is: [only one \_\_\_ ] or [more than one \_\_\_ ] participant in the Plan.
5. The trustees, or any one of them, have the authority under the Plan and Trust to execute, on behalf of the Trust, this declaration and any and all other documents which the FDIC may require to be executed in connection with the payment of insurance on the Account and to bind the Trust by his or her action. Please check here if not applicable. Not applicable: \_\_\_\_\_
6. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account, to the extent the Account is covered by insurance.
7. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee

**\*Please be sure to staple this Declaration to the copy of the relevant pages of the Trust and the Plan, the adoption agreement or the IRS letter.**

The penalty for knowingly making or inviting reliance on any false, forged or counterfeit statement, document or thing for the purpose of influencing in any way the action of the Federal Deposit Insurance Corporation is a fine of not more than \$1,000,000 or imprisonment for not more than THIRTY years, or both (18 U.S.C. § 1007).



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION FOR DEFINED BENEFIT PLAN

1. The undersigned is the actuary for the \_\_\_\_\_ Plan (the "Plan") for which account number \_\_\_\_\_ was established at \_\_\_\_\_.

2. The undersigned is presently enrolled by the Joint Board for the Enrollment of Actuaries.

3. There were \_\_\_\_\_ participants in the Plan on the closing date.

4. If the above account(s) had an aggregate balance of LESS than \$102,000 on the closing date, did the present value of any one participant's accrued benefit (including rollover, other voluntary participant contributions and any other amounts held for the benefit of the participant) exceed 95% of the total Plan assets on the closing date?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

5. The largest percentage interest which any participant had in the Plan on the closing date was \_\_\_\_\_%. The name of such participant is \_\_\_\_\_. The percentage interest in the Plan was determined by dividing the present value of each participant's accrued benefit (including rollover, other voluntary participant contributions and any other amounts held for the benefit of the participant) by the total Plan assets.

6. The present value of all participants' accrued benefits in the Plan (including rollover and other participant contributions) was at least \_\_\_\_\_ % and no greater than \_\_\_\_\_ % of total Plan assets on the closing date.

7. The present value of each participant's accrued benefit was determined for the purpose of this Declaration by using the interest rate and mortality assumptions stated in the Plan.

8. The above account is an investment of: (please check one)

- \_\_\_\_\_ General Plan assets which are made on behalf of all participants in the Plan
- \_\_\_\_\_ Self-directed funds or segregated funds

9. Have any participants made voluntary participant contributions, rollover contributions or trustee-to-trustee transfers to the Plan (excluding a trustee-to-trustee transfer from a plan with the same sponsor as the Plan discussed above)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

10. Attached is a copy of the most recent actuarial report for the Plan (only required if the account(s) for the Plan exceeds \$102,000 or if there are any other accounts for an employee benefit plan with the same sponsor).



DECLARATION FOR DEFINED BENEFIT PLAN (Continued)

11. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account to the extent that the Account is covered by insurance.

12. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Actuary Signature

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION FOR DEFINED CONTRIBUTION PLAN

1. The undersigned is (are) trustee(s) of the \_\_\_\_\_ Plan (the "Plan") for which account number \_\_\_\_\_ was established at \_\_\_\_\_.
  2. The plan had at least \_\_\_\_\_ participants on the closing date.
  3. The name of the participant with the largest percentage in the Plan on the closing date is \_\_\_\_\_.
  4. Attached is a report reflecting all participants' account balances in the Plan as of the most recent valuation date of the Plan. The value of all the Plan assets on the date of the attached report was \$ \_\_\_\_\_.
- A. State whether any employer contributions have been made to the Plan between the date of the attached report and the closing date which are not reflected on the attached report and list any such contributions.  
 None     See attached
  - B. State whether any participant contributions (of any type) have been made to the Plan between the date of the attached report and \_\_\_\_\_, which are not reflected on the attached report and list any such contributions and the name of the participant who made them.  
 None     See attached
  - C. State whether any amounts have been distributed from the Plan between the date of the attached report and \_\_\_\_\_ and list any such contributions.  
 None     See attached
  - D. State whether any Participant has elected to direct the investments of his or her account balance. If yes, attach a list of all such participants and indicate the amount of their account balances which are invested in the above account pursuant to the participants' directions and the amount of their account balances which are invested in the above account pursuant to the Trustee's directions.  
 None     See attached
  - E. State whether any significant event has occurred relating to the Plan (such as a large number of terminations) which makes the attached report misleading as to the current state of the Plan, and explain any such event.  
 None     See attached



DECLARATION FOR DEFINED CONTRIBUTION PLAN (Continued)

5. The above account is an investment of: (please check one)
- General Plan assets which are made on behalf of all the participants in the Plan
- Self-directed or segregated funds
6. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account(s), to the extent the Account(s) is (are) covered by insurance.
7. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION FOR HEALTH AND WELFARE PLAN

1. The undersigned is (are) \_\_\_\_\_ (s) of the \_\_\_\_\_ Plan ("Plan") for which the above Account (the "Account") was established.
2. The Plan is a welfare plan that provides medical, dental, life insurance and/or similar benefits to participants.
3. The Plan had at least \_\_\_\_\_ participants on the closing date.
4. The value of all the Plan assets on the closing date was \$\_\_\_\_\_.
5. State whether any death benefits are paid from assets of the Plan. This does not include any death benefits to be paid from insurance purchased by the Plan to fund death benefits.  
 No       Yes  
 If yes, please state the maximum death benefit payable from the Plan assets: \$\_\_\_\_\_.
6. State whether any claims for benefits were submitted by participants on or before the closing date which were to be paid from assets of the Plan, but had not been paid as of the closing date. This does not include any claims for benefits which were to be paid from insurance purchased by the Plan to provide such benefits.  
 No       Yes  
 If yes, please attach as Exhibit A listing the name of each participant and the amount of benefit to be paid to the participant.
7. The above account is an investment of general Plan assets, which is made on behalf of all the participants in the Plan, and not on behalf of one or more selected participants. Strike if not applicable.
8. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account(s), to the extent that the Account(s) is (are) covered by insurance.
9. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. §1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).

## AFFIDAVITS & DECLARATIONS CHECKLIST

In order for the FDIC to process the insurance payment on your deposits at the closed institution, the following forms may be required. Failure to submit the required information and forms will delay the payment of your deposit. Copies of these forms are attached and can also be retrieved from the FDIC website: <http://www.fdic.gov>. **Part I** identifies the various affidavits and declarations that may be needed. **Part II** outlines the types of deposits and ownership capacities and the documentation required.

### PART I

#### [AFFIDAVIT OF AGENCY ACCOUNT](#)

- Required from every broker; i.e., first tier, second tier, etc.
- Attach a copy of your standard form of agency agreement, OR
- Attach other written documentation to support the agency relationship if no standard form of agency is used; i.e., account setup sheet.
- Complete Exhibit A. A computer-generated customer ownership list may be substituted for Exhibit A, provided that all of the requested information for each customer is included.
- Include account setup sheet on all deposits \$100,000 or greater in the aggregate.
- An officer authorized to sign on behalf of your firm must sign the *Affidavit*.
- Medallion guarantee is acceptable in place of a notary signature.

#### [POWER OF ATTORNEY](#)

- Not a required document. Complete only if needed.

#### [DECLARATION FOR POWER OF ATTORNEY](#)

- Required only if submitting a Power of Attorney not utilizing FDIC's form.
- Attach a copy of the Power of Attorney document.

#### [DECLARATION FOR CUSTODIAN DEPOSIT](#)

- Required when the broker's *investor* is acting as custodian for others and the account totals \$100,000 or greater in the aggregate.

#### [DECLARATION FOR JOINT OWNERSHIP DEPOSIT](#)

- Required for all joint ownership deposits \$100,000 or greater, in the aggregate, when the account setup sheet is not provided.



## AFFIDAVITS & DECLARATIONS CHECKLIST (Continued)

### [DECLARATION FOR TESTAMENTARY DEPOSIT \(SINGLE TRUSTEE\)](#) [DECLARATION FOR TESTAMENTARY DEPOSIT \(MULTIPLE TRUSTEES\)](#)

- One of the above forms is required for all testamentary deposits that are also known as payable on death (POD) accounts, revocable trusts and in trust for (ITF) accounts. Submit for all deposits \$100,000 or greater in the aggregate.

### [DECLARATION FOR TRUST](#)

- Required for all deposits in the name of a trust totaling \$100,000 or greater in the aggregate.

### [DECLARATION OF INDEPENDENT ACTIVITY](#) [DECLARATION OF INDEPENDENT ACTIVITY FOR UNINCORPORATED ASSOCIATION](#)

- Required of corporations, partnerships or unincorporated associations when the depositor states that the funds in two or more accounts are owned by separate entities. If this form is needed, the FDIC will make a request through the first-tier broker.

### [DECLARATION FOR PUBLIC UNIT DEPOSIT](#)

- Required for all public unit deposits \$100,000 or greater in the aggregate.

### [DECLARATION FOR IRA/KEOGH DEPOSIT](#)

- For all IRA and KEOGH deposit accounts \$100,000 or greater in the aggregate, the FDIC requires that the standard IRA agreement between the broker and the IRA owner be submitted. If there is not one, complete and submit this form.

### DECLARATIONS FOR EMPLOYEE BENEFIT PLAN DEPOSITS

- Please read the [Instructions for Employee Benefit Plan Deposits](#) for information on the completion of the various forms required for employee benefit plans \$100,000 or greater in the aggregate.

## AFFIDAVITS & DECLARATIONS CHECKLIST (Continued)

### PART II

In general, the following forms are required when a deposit totals \$100,000 or greater in the aggregate.

#### SINGLE OWNERSHIP DEPOSIT

- No affidavit or declaration required.

#### CUSTODIAN ACCOUNT

- Must complete the [Declaration for Custodian Deposit](#).

#### JOINT OWNERSHIP DEPOSIT

- Must complete the [Declaration for Joint Ownership Deposit](#) form if the account setup sheet is not provided.

#### TESTAMENTARY DEPOSIT

- Must complete one of these forms:

[Declaration for Testamentary Deposit \(Single Trustee\)](#)  
[Declaration for Testamentary Deposit \(Multiple Trustees\)](#)

#### IRREVOCABLE TRUST OR REVOCABLE LIVING TRUST DEPOSITS

- Must complete the [Declaration for Trust](#) and submit a copy of the trust document.

#### CORPORATION, PARTNERSHIP OR UNINCORPORATED ASSOCIATION DEPOSIT

- No affidavit or declaration is required. One of the *Declaration of Independent Activity* forms may be needed under certain circumstances. The FDIC will notify the first-tier broker if one of the following forms is needed:

[Declaration of Independent Activity](#)  
[Declaration of Independent Activity for Unincorporated Association](#)

## AFFIDAVITS & DECLARATIONS CHECKLIST (Continued)

### PUBLIC UNIT DEPOSIT

- The public unit must complete the [Declaration for Public Unit Deposit](#).

### IRA AND KEOGH DEPOSITS

- Must complete the [Declaration for IRA/KEOGH Deposit](#) form only if there is not a standard IRA agreement between the broker and the IRA owner.

### EMPLOYEE BENEFIT PLAN DEPOSITS

- Various declarations are required for employee benefit plan deposits. Please refer to the [Instructions for Employee Benefit Plan Deposits](#).

[Return to the Affidavits & Declarations](#) ----->

## BROKER INPUT FILE REQUIREMENTS

In order to facilitate the processing of your customer information, the FDIC requires that certain data be submitted electronically. Presently, the FDIC utilizes one program to process depositor data whether the accounts were deposited directly with the failed financial institution or through a deposit broker. The program **requires** a minimum of 45 data fields in order to process your customers' deposit information. Although not all fields contain information, as noted in the table, they are required nonetheless.

The following table contains the data layout, format, required field indicator, and additional information (where applicable). All fields that require data are shaded to assist you in constructing your data file. Please adhere to the following when constructing your data file:

1. All data fields are required and must be provided in the order as indicated in the table below. Failure to comply with this requirement could delay the processing of your customers' information.
2. Data must be in one of the following formats: 1) an ASCII-flat, tab delimited file, 2) an Access database file, 3) an Excel spreadsheet (with no headers), or 4) an Xbase database file. The requested media is diskette, ensuring every field starts/ends on column boundaries that match to the length indicated in the chart below. (Exceptions will be made where necessary regarding the media.)
3. Columns 04 and 05 request the same data. Column 04 is usually reserved for the depositor's account number at the failed financial institution but in this situation, it is irrelevant. Therefore, we are asking for the unique account number you assigned to your customer.

Col	FDIC Name	Description	Validation Rules
01	Appl	Application code defined by system of record.	1. Leave column blank.
02	Status	Code defining Account status	1. Value must be the letter "O" for Open.
03	Branch	DTC assigned broker participation number.	1. Length cannot exceed 4 characters. 2. Must be Alphanumeric Data Type. 3. If not applicable, leave blank.
04	Acctno	Use the unique broker-assigned customer account number.	1. Length cannot exceed 16 characters. 2. Must be Alphanumeric Data Type.

Col	FDIC Name	Description	Validation Rules
05	custno	Use the unique broker-assigned customer account number.	<ol style="list-style-type: none"> <li>1. Length cannot exceed 16 characters.</li> <li>2. Must be Alphanumeric Data Type.</li> </ol>
06	certno	The CUSIP number is required on all DTC-placed deposits.	<ol style="list-style-type: none"> <li>1. Length cannot exceed 16 characters.</li> <li>2. Must be Alphanumeric Data Type.</li> <li>3. If non-DTC deposit, leave blank.</li> </ol>
07	cif	Central Information File linking account to other accounts owned by the same customer, other applications, or master CIF file.	<ol style="list-style-type: none"> <li>1. Not applicable to broker deposits, leave blank.</li> </ol>
08	taxid	Taxpayer identification number of the primary account holder (do not use hyphens - example: 428781992).	<ol style="list-style-type: none"> <li>1. Maximum length of 9 characters.</li> <li>2. Must be Integer Data Type.</li> </ol>
09	taxidcd	Code indicates corporate tax identification number (TIN) or personal tax identification number (SSN).	<ol style="list-style-type: none"> <li>1. Fixed length of 1 character.</li> <li>2. Must be Alphanumeric Data Type.</li> <li>3. Value must be "S" or "T".</li> </ol>
10	shortname	Alpha sort key used to create an alpha list of accounts.	<ol style="list-style-type: none"> <li>1. Length cannot exceed 20 characters.</li> <li>2. Must be Alphanumeric Data Type.</li> <li>3. Provide if data available. If not, leave blank.</li> </ol>
11	name1	<b>Full name of owner</b> line 1 as it appears on the broker's records.	<ol style="list-style-type: none"> <li>1. Length cannot exceed 40 characters.</li> <li>2. Must be Alphanumeric Data Type.</li> </ol>
12	name2	<b>Full name of owner</b> line 2 as it appears on the broker's records.	<ol style="list-style-type: none"> <li>1. Length cannot exceed 40 characters.</li> <li>2. Must be Alphanumeric Data Type.</li> </ol>
13	addr1	Address line 1 as it appears on the customer's statement.	<ol style="list-style-type: none"> <li>1. Length cannot exceed 40 characters.</li> <li>2. Must be Alphanumeric Data Type.</li> </ol>
14	addr2	Address line 2 as it appears on the customer's statement.	<ol style="list-style-type: none"> <li>1. Length cannot exceed 40 characters.</li> <li>2. Must be Alphanumeric Data Type.</li> </ol>
15	addr3	Address line 3 as it appears on the customer's statement.	<ol style="list-style-type: none"> <li>1. Length cannot exceed 40 characters.</li> <li>2. Must be Alphanumeric Data Type.</li> </ol>

Col	FDIC Name	Description	Validation Rules
16	city	Address city as it appears on the customer's statement.	1. Length cannot exceed 20 characters. 2. Must be Alphanumeric Data Type.
17	state	State postal abbreviation as it appears on the customer's statement. Provide 2 character USPS abbreviation unless foreign.	1. Length cannot exceed 20 characters. 2. Must be Alphanumeric Data Type.
18	zip	Address zip code as it appears on the customer's statement (no hyphens). Must be 5 digits or 9 digits.	1. Length cannot exceed 9 characters. 2. Must be Alphanumeric Data Type.
19	Fitype	Account type.	1. Entry <b>must</b> be CDS (upper case). 2. If account type is "IRA," please see Col 24.
20	Ficlass	The financial institution's class category for the "fitype" field.	1. Value must be DEP (upper case).
21	Fdictype	Valid FDIC claim type	1. Value must be CDS (upper case).
22	gcode	Financial institution's GL code that the account deposit is aggregated to for GL accounting.	1. Leave column blank.
23	class	All codes identifying deposit account products on bank's system.	1. Leave column blank.
24	iracode	Code or flag indicating an IRA deposit.	1. If applicable, value must be IRA (upper case). 2. If not applicable, leave column blank.
25	ownercd	Code indicating account ownership (personal, business, trust, etc.).	1. Leave column blank.
26	jointcd	Code indicating a joint account.	1. Length cannot exceed 1 character. 2. Must be Alphanumeric Data Type. 3. Value must be "Y" or "N."
27	municipal	Code indicating the account is owned by a state, county, or municipality.	1. Length cannot exceed 1 character. 2. Must be Alphanumeric Data Type. 3. Value must be "Y" or "N."

Col	FDIC Name	Description	Validation Rules
28	currbal	Principal balance of the customer's account as of institution failure date.	1. Length cannot exceed 15 characters with 2 digits of precision. 2. Must be Numeric Data Type.
29	accrint	Accrued interest earned but not paid on the customer's account as of institution failure date.	1. Length cannot exceed 15 characters with 2 digits of precision. 2. Must be Numeric Data Type. 3. If unknown, put "0" (zero).
30	perdiem	Daily accrual amount or per diem.	1. Value must be "0" (zero).
31	intpytd	Interest paid year-to-date.	1. Value must be "0" (zero).
32	intwhytd	Interest withheld year-to-date.	1. Value must be "0" (zero).
33	resrvbal	Balance of the cash/ready reserve account.	1. Value must be "0" (zero).
34	rate	Current interest rate applicable to deposit.	1. Length cannot exceed 8 characters with 5 digits of precision. 2. Must be Numeric Data Type, i.e., 8.75% show as .0875. (Acceptable range is .00000 to 1.00000)
35	origdate	Date account was opened.	1. Leave column blank.
36	renewdt	Most recent reissue CDs or IRA.	1. Leave column blank.
37	matdate	Maturity date for all CDs and IRA deposits.	1. Leave column blank.
38	term	Term of the CD or IRA account.	1. Leave column blank.
39	insider	Indicates that the account belongs to an officer, employee, or director.	1. Leave column blank.
40	officer	Bank account officer's initials.	1. Leave column blank.
41	brokcode	Indicates that the account was secured (placed) through a broker.	1. Length cannot exceed 1 character. 2. Value must be "Y."
42	pdthru dt	Date the interest is paid through.	1. Leave column blank.

<b>Col</b>	<b>FDIC Name</b>	<b>Description</b>	<b>Validation Rules</b>
43	loanacct	Loan account number for which this deposit account is securing as collateral.	1. Leave column blank.
44	holdcode	Hold code(s)/flag(s) indicating that the account secures a loan(s).	1. Leave column blank.
45	holdamt	Amount of hold(s).	1. Leave column blank.

- > [Download an Access data input file.](#)
- > [Download an Excel data input file.](#)
- > [\\_\\_\\_\\_\\_](#)
- > [Download an example of an input file with the required data.](#)



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QUESTION & ANSWER GUIDE

The following is a listing of commonly asked questions and answers. If your specific question is not addressed below, please visit the Failed Financial Institution web page at <http://www.fdic.gov/bank/individual/failed/index.html>. This site is updated for each closing with telephone numbers and other useful information.

1. Q. In general what steps do I as a Broker/As Agent need to do?
  - A.
    1. Cease all activity on the affected deposit accounts as of institution closing date.
    2. Notify all sub-tier brokers that the institution is closed.
    3. Request documentation to support eligibility for pass-through insurance for each individual account.
    4. Gather information from sub-tier brokers and submit to the FDIC.
  
2. Q. What paperwork must I complete and/or submit in order for the FDIC to process my claim for deposit insurance?
  - A.
    1. All Brokers/As Agents must complete an *Affidavit of Agency Account* including the Exhibit A.
    2. All Brokers/As Agents must provide copies of their standard form of agency agreement OR, if no standard form of agency is used, then submit other written documentation supporting the agency relationship along with a copy of the customer's statement.
    3. Load owner/investor information on formatted diskette.
    4. All relevant affidavits and/or declarations.

Please note that in many closing situations; e.g. payouts, the deposits cease earning interest from the day after closing so it is important that you submit the required documentation as soon as possible.



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QUESTION & ANSWER GUIDE (Continued)

3. Q. What must I complete for the *Affidavit of Agency Account*?
- A. A single affidavit can be used to cover all of the accounts held by you as agent. Please be sure that the Affidavit is notarized and that Exhibit A indicates for each owner/investor for whom you are acting as agent: the full name, address and tax identification number. Also included should be the amount of principal and accrued interest that each owner/investor owned in each account as of the closing date. Where you hold multiple agency accounts, please be sure to indicate the account number at the closed institution for each principal listed. A computer-generated customer ownership list may be substituted for the above Exhibit A, provided that all of the requested information for each owner/investor is included.
- You should attach as Exhibit B to the *Affidavit of Agency Account* a copy of your standard form(s) of agency agreement(s) or if there are no standard agreements, a copy of each agreement or other written documentation of the agency relationship as described in paragraph 3 (*Affidavit of Agency Account*) along with a copy of the customer's statement. Please also be sure to attach the documents requested in paragraphs 4 and 5, if applicable.
4. Q. What if I am acting as an agent for a broker who is also acting as agent for others?
- A. Please have the secondary agent submit an *Affidavit of Agency Account*, completed and executed as described above, to document the second level agency relationship.
5. Q. What if I have some questions about the Affidavits and Declarations? Where should I mail the Affidavit and other requirements?
- A. Please refer to the Failed Financial Institution web page at <http://www.fdic.gov/bank/individual/failed/index.html> to obtain the name of the contact person and the specific mailing address.

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**QUESTION & ANSWER GUIDE (Continued)**

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6. Q. What will the FDIC do with the list and file of my customers?

A. The FDIC will review the listing of owners/investors to determine the amount of insurance coverage due to each one. By federal statute, the FDIC is permitted to pay deposit insurance only up to the amount provided by law. In most cases, this is \$100,000 per owner/investor.

The listing of owners/investors submitted by you will be loaded into the bank's depositor database and sorted against those depositors and other broker-submitted files. For example, John Doe is one of your owners/investors and you disclose that he has \$65,000 on deposit at the failed institution. John Doe also deposited \$25,000 directly at the failed institution and another \$40,000 through a separate broker. Our computer program will group these three accounts together and reflect that John Doe has \$130,000 on deposit in the single ownership category. In accordance with the deposit insurance regulations, John is only insured for \$100,000.

The FDIC processes the files submitted by brokers/as agents on a first in first out basis (FIFO) provided that: all required documentation is presented; the deposit balance on the tape agrees with the information provided on the Broker/As Agent Submission Checklist and we encounter no problems with the data on the file. Insured funds are paid first on the deposits directly placed at the institution by the depositor. In this example, the \$25,000 deposited directly with the closed institution will be paid in full and so will the \$65,000 deposited through you since your information was the first received. The second broker will only be paid \$10,000 of the \$40,000 deposited through them and the remaining \$30,000 is deemed in excess of the insured limit. Subsequently, if John Doe has single ownership funds deposited through other brokers, those funds, too, will be deemed uninsured and a claim will need to be filed.

7. Q. What happens if my investor has uninsured funds?

A. An investor with uninsured funds is deemed a creditor of the failed institution and a Receiver's Certificate will be issued to them as evidence of their approved claim. The Receiver's Certificate will be issued as soon as practical.



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QUESTION & ANSWER GUIDE (Continued)

8. Q. When will I be paid my insured deposits?
- A. 1. In a payout situation, where there is no acquiring institution, the FDIC's goal is to pay insured deposits as soon as practical after receipt of a complete and error-free package. In the case of deposits placed through a depository organization, the funds will be paid to the depository organization with a fax notification sent to the broker/as agent. For all others, funds will be paid directly.
2. In a closing where there is an acquiring institution, the FDIC may transfer the balance of your account to the new institution with a hold placed on the funds. When the insurance determination process is completed on your accounts, the hold will be released and your funds will be made available to you. At that time, you should discuss your options regarding the continuation of a deposit relationship with the acquiring institution.

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